

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION (37 CFR 1.63) FOR
UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET
(37 CFR 1.76)**

Application Number	09/932,010
Filing Date	August 17, 2001
First Named Inventor	Matthew Rabinowitz
Group Art Unit	2611
Examiner Name	Unassigned
Attorney Docket Number	22845-05947

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. 09/932,010, filed on August 17, 2001,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

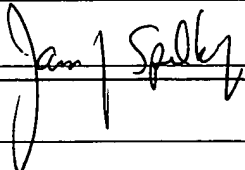
All statements made herein of my/our knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Matthew Rabinowitz Citizen of: South Africa

Signature:  Date: 10/10/2001

Inventor two: James J. Spilker, Jr. Citizen of: USA

Signature:  Date: 10/9/2001

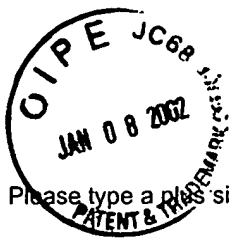
Inventor three: _____ Citizen of: _____

Signature: _____ Date: _____

Inventor four: _____ Citizen of: _____

Signature: _____ Date: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.



#3

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/932,010
Filing Date	August 17, 2001
First Named Inventor	Matthew Rabinowitz
Title	Position location using terrestrial digital video broadcast television signals
Group Art Unit	2611
Examiner Name	Unassigned
Attorney Docket Number	22845-05947

I hereby appoint:

☐

Practitioners at Customer Number

00758



OR

☒

Practitioner(s) named below:

Name	Registration Number
Michael W. Farn	41,015
Robert S. Sachs	42,120
Edward A. VanGieson	44,386

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number.

I am the:

☒

Applicant/Inventor

OR

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Matthew Rabinowitz
Signature	
Date	10/10/2001

I am the:

☒

Applicant/Inventor

OR

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James J. Spilker, Jr.
Signature	
Date	10/9/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.